

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

UNITED STATES OF AMERICA	)	
	)	
v.	)	Case No. 12 CR 842
	)	Hon. Amy J. St. Eve
	)	
STEVEN MANDELL	)	

**SUPPLEMENTAL MEMORANDUM IN SUPPORT OF**  
**DEFENDANT'S MOTION FOR ORDER REQUIREING THE MCC TO**  
**REMOVE DEFENDANT MANDELL FROM THE SPECIAL HOUSING UNIT**  
**AND TO HOUSE HIM IN GENERAL POPULATION**

NOW COME Keith Spielfogel and Robert A. Loeb, attorneys for Steven Mandell in the above captioned case, and in support of Defendant's Motion for Order Requiring the MCC to Remove Defendant Mandell from the Special Housing Unit and to House Him in General Population (Pacer Document #36), submits the following memorandum based on the production of Mr. Mandell's medical records.

In his original Motion, the Defendant pointed out that Mr. Mandell is a diabetic, with advanced heart disease, and at high risk for suffering a stroke or heart attack. He pointed out that exercise is a major component in being able to control both heart disease and diabetes.

He has now been held in the Special Housing Unit, without exposure to the outdoors, to natural sunlight, or to adequate exercise opportunities for over 6 ½ months. The recent production of his medical records indicates that during that time, Mr. Mandell's HbA1c (average blood sugar level over a period of time) has risen to 7.2 (see Bureau of Prisons Health Services Clinical Encounter record of Steven Mandell,

encounter date 05/07/2013). It has never reached that level before.

“What’s a Normal Hemoglobin A1c Test? For people without diabetes, the normal range for the hemoglobin A1c test is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% indicate increased risk of diabetes, and levels of 6.5% or higher indicate diabetes. Because studies have repeatedly shown that out-of-control diabetes results in complications from the disease, the goal for people with diabetes is a hemoglobin A1c less than 7%. The higher the hemoglobin A1c, the higher the risks of developing complications related to diabetes.” “The Hemoglobin A1c (HvA1c) Test for Diabetes,” WebMD, <http://diabetes.webmd.com/guide/glycated-hemoglobin-test-hba1c?print=true>.

As a result of this increase in blood sugar levels, the medical staff has prescribed insulin and Mr. Mandell is now giving himself insulin injections twice a day; he has never needed insulin before.

Much has been written about studies of the deterioration of prisoners’ health during prolonged detentions solitary or special housing units. Now, we are seeing actual, objective evidence of Mr. Mandell’s deterioration in solitary confinement.

It is clear from the totality of these records that Mr. Mandell is not a malingerer; he is not concocting false complaints, and he has been forthright about his condition. Nevertheless, he continues to deteriorate. When his worsening condition is coupled with the lack of a compelling need for him to be separated from general population, it is clear that he should be transferred to general population where he can be monitored just like the vast majority of other prisoners are monitored and where he can get the exercise and fresh air that are vital to his health needs.

WHEREFORE, the Defendant prays that this Court enter an order requiring the BOP to place Mr. Mandell back into the general population of the MCC so that he may continue to prepare for trial in a reasonable manner and so that he may take advantage of the physical and mental activities available to those in general population.

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that on the 23<sup>rd</sup> day of May, 2013, I electronically filed the foregoing Supplemental Memorandum with the Clerk of the Court using the ECF system which will send notification of such filing to all parties pursuant to the District Court's system as to ECF filers.

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